

Developing a Findings Repository for Community Coalitions Meeting

Bethesda, Maryland

May 4–5, 2005

Summary Report

June 9, 2005

SUMMARY

Since establishing the National Registry of Effective Prevention Programs in 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized that the practices and processes used by community prevention coalitions present a methodological challenge. As noted by William R. Berkowitz, a scholar in the field of community organization,

“For community coalitions as previously defined [in his article], we have found very few published studies of empirically collected outcome data, and in fact few published outcome studies of any kind, in professional journals or elsewhere. Perhaps the data exist somewhere else, but we were not able to locate them through database searches, by inquiring of our colleagues, or from our own coalition experience” (Berkowitz, 2001).

SAMHSA’s Science to Service Initiative concluded that one potential response to this need would be to create a repository to gather and systematically catalog evidence-based findings from community prevention coalitions. A meeting was organized and took place on May 4–5, 2005 in Bethesda, Maryland to discuss the development of a repository of findings. The meeting brought together prominent researchers and practitioners to solicit recommendations on how to develop the repository.

During frank and productive discussions, community prevention coalition leaders who participated in the meeting insisted on an alternative approach that quickly integrates coalition findings into the structure of the National Registry of Evidence-based Programs and Practices (NREPP), the successor to the original National Registry of Effective Prevention Programs.

Attendees offered several proposals to incorporate evidence-based findings from community coalitions and other community-based activities within a larger NREPP structure. Among the suggestions was the use of criteria to assess coalition attributes and processes that relate to population-based, policy, and system level outcomes, (and that complement the work of the Community Anti-Drug Coalitions of America [CADCA] Coalition Institute). This suggestion, as well as the collection and integration of continuing feedback from the field, will be incorporated into a new task to be performed by SAMHSA’s contractor for the implementation of NREPP.

PLANNING AND AGENDA

Participants were told that the meeting was part of the broader Science to Service initiative through which findings from the field are collected and organized in a systematic and transparent process. Meeting participants were asked to identify appropriate methods of classifying findings that would be useful to the field, to develop consensus on an organizational framework, and to help define next steps to be accomplished.

The meeting began with a plenary session in which James G. Emshoff, PhD, and Roy M. Gabriel, PhD, discussed the context of the meeting and gave an overview of the proposed repository of findings. Following this plenary session, the meeting participants were to be divided among four breakout sessions to consider specific aspects of classifying findings to be included in the repository. The themes of the four planned breakout sessions were:

- Coalition Processes and Attributes (categories that encompass the broad set of coalition attributes and processes)
- Coalition Outcomes (categories that reflect the different types of success achieved)
- Coalition Taxonomy (if needed to organize the findings)
- Levels of Confidence (design and measurement rules to be used in classifying the confidence level for a reported finding)

Plenary sessions on the second day of the conference were intended to provide participants with an opportunity to discuss subsequent steps to implement the proposed repository, including sources and methods of collecting findings.

Thirty-eight individuals were invited to participate in the meeting, including 6 participants from community coalitions, 21 participants from academia, and 11 representatives of Federal government agencies. Twenty-four of the 27 private sector participants attended both days of the meeting. Private sector participants in the meeting included directors and senior staff of Community Anti-Drug Coalitions Across Tennessee, San Antonio Fighting Back, the Oregon Partnership, and Pima (County, Arizona) Prevention Partnership.

INITIAL BREAKOUT SESSIONS

Following the welcome by SAMHSA officials, the participants broke out into smaller groups for the first set of breakout sessions. Upon returning to the plenary session, participants preceded their discussion of categories of coalition attributes and processes that might be helpful in categorizing findings with observations by the breakout groups on several fundamental issues regarding both NREPP and the repository. Participants reporting to the plenary from the breakout sessions raised the following questions:

- Is there, or should there be, a role for NREPP in fostering coalitions? Do coalitions need to be studied in a different way?
- Can a system to share knowledge on prevention coalitions focus on successful processes rather than the specific attributes of coalitions? In effect, can the proposed system focus on issues such as coalition sustainability, policy changes, delivery system management,

community building and development, building the social fabric, and changing practices, rather than tracking specific outcomes?

- How would the repository be distinguished from existing sources of assistance, such as the Prevention Toolbox©?

Participants were divided about the potential value of the repository as it was described in preconference documents. They generally agreed that the current NREPP criteria are incompatible with the types of findings generated by coalitions. In addition, participants agreed:

- The coalition process is not linear and it cannot be measured in a linear way. In addition, fidelity to a specific coalition model or process is neither simple nor potentially useful.
- Any repository of findings for coalitions should serve two purposes: to associate documented process and implementation with outcomes and to provide guidance on how to maintain successful prevention while avoiding pitfalls.
- Any repository should encompass two types of findings: 1) it should identify coalition processes that lead to strategic outcomes, e.g., what processes lead to policy changes, and 2) it should identify the outcomes of activities for which the coalition serves as a catalyst, e.g., which outcomes can be achieved by policy changes?

In addition to these observations, the participant breakout sessions reported offered several suggestions about specific coalition processes which could be used as categories for a findings repository. A second series of breakout sessions resulted in recommendations on the classification of coalition outcomes.

EXTENDED PLENARY SESSION

In response to participant comments following the breakout sessions, Dr. Kevin Hennessy, SAMHSA's Science to Service Coordinator, consulted with SAMHSA colleagues and decided to deviate from the agenda. He asked attendees to meet in an extended plenary session on the second day rather than return to breakout sessions. At the outset of this session, participants called for rapid incorporation of findings on prevention coalition processes into an NREPP structure, noting that SAMHSA Administrator Charles Curie and SAMHSA/CSAP Director Beverly Watts Davis previously announced support for this development. The meeting then elicited general parameters for a version of NREPP that would include evidence-based practices relevant to coalitions.

Attendees in the extended plenary session repeatedly emphasized that coalitions already have empirically demonstrated outcomes in the form of population-level changes, and impacts of policies and community systems. Attendees additionally proposed that the inclusion of coalitions in NREPP should focus on “what works” among coalition processes rather than identifying “model” coalitions.

Several attendees emphasized that coordination with CADCA and Join Together would reduce duplication of existing resources and help to ensure that NREPP addresses gaps in knowledge.

CONCLUSION

In a concluding session, Dr. Hennessy summarized the points of consensus expressed at the meeting. He emphasized that, based on the participants’ comments, it was clear that coalitions should be part of a National Registry of Evidence-Based Programs and Practices in the sense that NREPP can document when coalitions have been shown to be an effective instrument for prevention. Coalition findings should be included in NREPP in a way that focuses on the most recent research and on time-specific processes. In addition, the inclusion of coalition findings should incorporate an understanding of the core components of coalition performance. Finally, SAMHSA should organize a “transparent” process for assessing these findings that the field can follow and understand.

Based upon the range of input provided in the meeting, recommendations would include having the contractor responsible for NREPP to draft criteria that address the ability of community coalitions to affect prevention policies, systems, and population-level outcomes. Once approved by SAMHSA, the criteria will be posted in the Federal Register to solicit comments from practitioners and researchers in the field as well as interested members of the public. After a comment period, a final report summarizing the comments and SAMHSA’s plans will be prepared and posted on the SAMHSA website. These criteria will be piloted on up to nine coalitions who provide information on their coalitions and activities and a report prepared with recommendations on the review process. SAMHSA anticipates that formal reviews of coalitions will begin by Summer 2006.